



Vaccination Planning Guidance for Partners

In times of
scarcity and uncertainty

COVID-19 Vaccine ICS team
1.25.21





Context

- Phase 1A near over
 - Minimal need to vaccinate own staff
- Phase 1B open to 65+ (1.5 million in LAC)
 - Vaccinate enrolled patients / eligible public
- Doses in shorter supply than believed
 - No expansion of supply likely until March/April
- Complexity of second doses planning, while maintaining a rapid, high administration/allocation ratio
 - State and federal dose accounting being enforced

Shift in goals

- Predictability
 - For partners, knowing doses will allow planning, first and second dose scheduling without shortfalls.
 - For LAC, knowing doses per partners simplifies accounting and allocations also minimizing shortfalls
- High burn rate
 - Week to week emphasis without accumulating reserves but enabled through reliable replenishment
 - Need to consistently aim to use >90% of inventory each week while completing 2nd doses
 - Must be able to demonstrate this in CAIR due to risk of State and Federal penalties

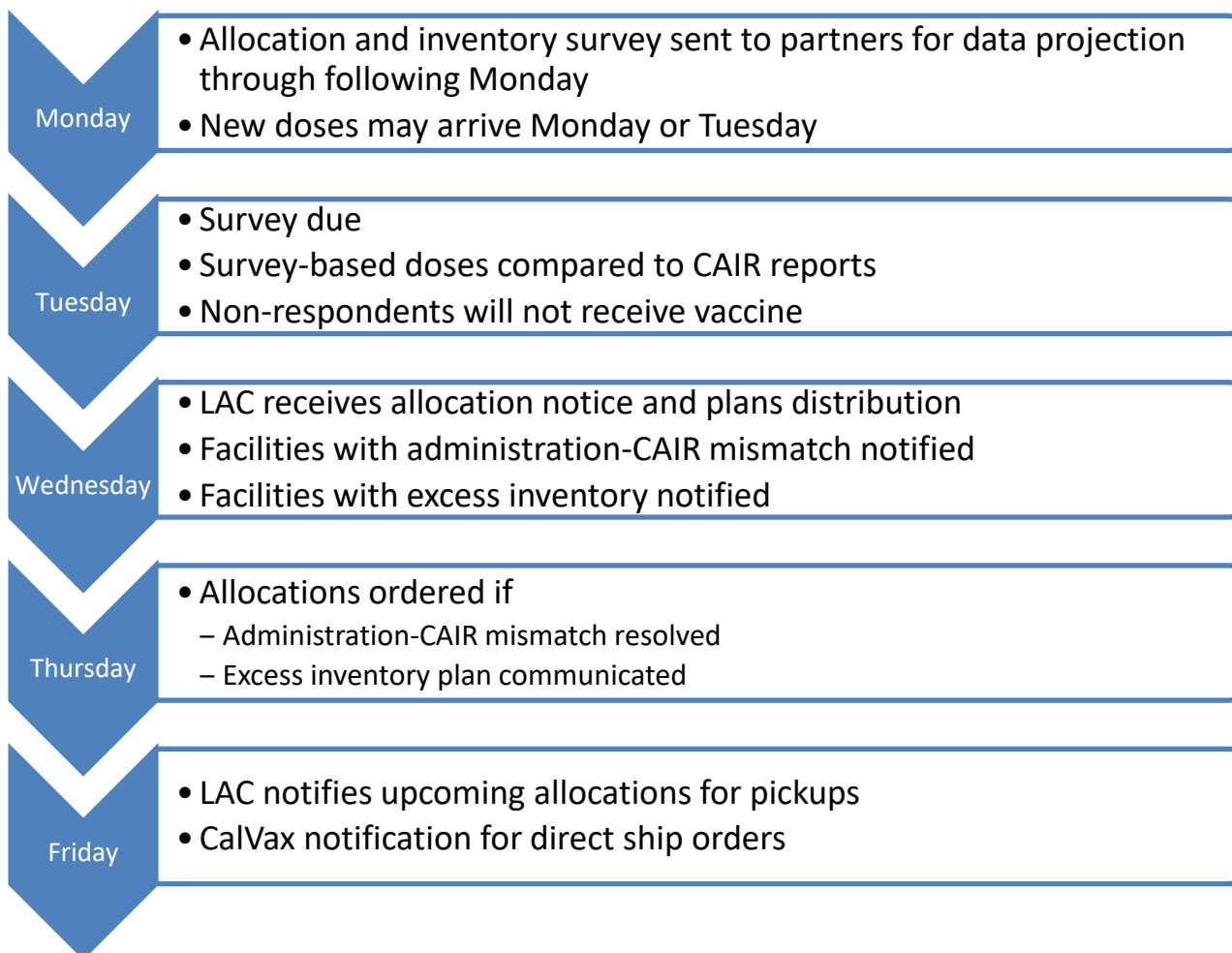
Need for weekly survey

- We recognize, unfortunate additional data collection
- However, current state/federal systems provide limited to no insight
 - LAC cannot access VaccineFinder inventory
 - Calvax orders only viewable
(no context to determine priority during scarcity)
 - Cannot assess CAIR mismatch
- We hope to eliminate as soon as possible

Accountability

- LAC DPH sends weekly Doses Administered and Inventory Survey
 - Vaccinators must fill out weekly by deadline
 - Response informs allocations
- LAC DPH reviews weekly CAIR data
 - Compares to survey
- Vaccinators unable to consistently report into CAIR, will have allocations suspended.
 - Part of your CDC agreement
 - Let us know your bottlenecks

Weekly timeline





Authorized vaccine capacity

- Allocate a fixed capacity
 - E.g. 1170 Pfizer doses per week
 - Can therefore plan ahead based on the same capacity
 - If supply increases, and your weekly maximum capacity is higher than the current authorized capacity, DPH may increase
- Will not allocate additional doses beyond the fixed amount
- Expectations
 - Manage first and second doses from this capacity alone
 - I.e. schedule appropriately
 - Use up >90% of doses before the next shipment arrives (usually Monday or Tuesday)



Scheduling using authorized capacity

- Note upcoming 2nd doses and prioritize
 - Schedule within the weekly authorized capacity only, space out accordingly
 - Use new CDC guidance of up to 6 weeks after dose #1 to schedule in the future
- Difference of (inventory+allocation)-2nd doses in the week
 - First doses possible
 - Schedule before next allocation arrives
 - Do not schedule first doses beyond one week at a time

Trouble-shooting

- Shortage of doses for the upcoming week
 - Facility must cancel 1st dose appointments made
 - Next, defer 2nd doses due to the subsequent week (using new CDC guidance of within 6 weeks after the first dose)
 - If not authorized for additional vaccine doses due to shortage, CAIR mismatch, or excess non-resolving inventory then refer patients to 2nd dose registration at PODs
- Excess inventory
 - Defer an allocation for one week (allocations will resume after)
 - Request decrease in authorized capacity
 - Additional special clinic – Must account for **future second dose implications** within the same authorized capacity OR notify individuals to register at POD sites for 2nd dose



Trouble-shooting, part 2

- CAIR data mismatch
 - Confirm registrants documented as vaccinated
 - Confirm walk-ins, etc registered
 - Confirm clinics closed to enable data transmission
 - Request DPH assistance
- TO DO
 - Clinic names in PrepMOD moving to MyTurn/Calvax/Accenture should match your registration name in CAIR and include your CAIR ID
 - Needed to match on the backend to credit you for doses
 - Example: Part A registration is FAMILY CLINIC SOUTH, and have 6 Part B registration of different clinic sites, and CAIR ID is: FCS6DATA
 - Name your clinics in the clinic management system:
 - FAMILY CLINIC SOUTH- Bellflower- CAIR FCS6DATA



Scheduling example 1

- Authorized for 100 Moderna doses per week
 - Vaccinated 120 staff 3 weeks ago, then none, now due next week
 - Scheduled 30 patients next week
 - Zero inventory
- Example plan
 - Week 1: Cancel 30 first doses, plan 100 second doses
 - Week 2: Plan 20 second doses, 80 first doses
 - Week 3: Plan 100 first doses
 - Week 4: Plan 100 first doses
 - Week 5: Plan 100 first doses
 - Week 6: Plan 80 second doses, 20 first doses
 - Week 7: Plan 100 second doses



Patients versus PODs

- If vaccinating publicly, i.e. PODs or allowing new enrollments
 - Authorized capacity can continue indefinitely
- If vaccinating empaneled patients
 - Need to estimate numbers and track completion
 - Communicate cessation in advance to avoid excess inventory